



MEETING PENNSYLVANIA'S PRIMARY CARE NEEDS

The Nurse Practitioner Workforce

This brief is presented in conjunction with the virtual program, “Improving Health Across Pennsylvania Through Nursing Scope of Practice Reform,” held November 20, 2020.

SUMMARY

In Pennsylvania, the COVID-19 pandemic has heightened the need for access to primary care, particularly in areas that have longstanding shortages in primary care physicians. Removing current scope of practice restrictions for nurse practitioners (NPs) and allowing them to practice to their full capabilities could help meet these primary care needs. This brief describes the number and location of NPs throughout Pennsylvania. We estimate that 11,269 NPs now practice in Pennsylvania, often in rural areas and areas with high levels of poverty. In the past eight years, the NP workforce has more than doubled, in both urban and non-urban areas with primary care shortages. We estimate that allowing NPs to practice to the full extent of their education and training would alleviate primary care shortages in 7 of 15 federally designated geographic health professional shortage areas in Pennsylvania.

In 2012, the [Robert Graham Center](#) forecast a shortage of more than 1,000 primary care physicians practicing in Pennsylvania by 2030. Since that time, the state has experienced a net loss of primary care physicians, even as population aging has increased the demand for primary care. Pennsylvania is one of 28 states that requires physician oversight of nurse practitioners (NPs) and mandates [collaborative practice agreements](#) with physicians. The evidence from other states is strong that NPs can deliver primary care that is safe, high-quality, and cost-effective, and that removing practice restrictions can improve access to primary care. In this brief, we describe the current landscape of the NP workforce in Pennsylvania, trends in the growth of NPs, and the potential impact of expanding NP practice authority on areas that have primary care shortages.

WHAT WE DID

We analyzed nurse practitioner workforce capacity in Pennsylvania using publicly available data from the Health Resources & Services Administration (HRSA), U.S. Census American Community Survey, and Centers for Medicare and Medicaid Services (CMS). We obtained the counts and locations of Pennsylvania nurse practitioners with a National Provider Identifier (NPI) number from the September 2020 CMS National Plan & Provider Enumeration System, and geocoded the data to map their practice locations. We obtained data on geographic Primary Care Health Professional Shortage Areas (HPSAs) from HRSA's Area Health Resource Files. To describe trends, we obtained county-level counts of NPs from 2012-2018 from the Area Health Resource files, and obtained county demographic data from the 2018 Census ACS.

WHAT WE FOUND

In 2020, there are 11,269 NPs in practice in Pennsylvania, with the vast majority in primary care. Their distribution across the state is shown in Figure 1. Not surprisingly, NPs are concentrated in urban areas. However, in 2020, 14% (1,563) practice in non-metro areas and small metro areas with fewer than 250,000 people. About 28.5% (3,216) practice in 14 higher-poverty counties (with at least 15% poverty rate). Almost 21% (2,317) practice in counties that contain at least one area that has been designated as a primary care health professional shortage area (HPSA) based on primary care physician supply (roughly, less than one physician per 3,500 people).

There are 15 primary care HPSAs in Pennsylvania, situated in 20 counties. The longest-standing HPSA, first designated in 1978, is Snow Shoe (which spans parts of Centre, Clearfield, and Clinton Counties). The McConnellsburg HPSA (Fulton and Huntingdon Counties), the most recent, was designated in 2018. Overall, an estimated 203,910 persons live in primary care HPSAs. Poverty rates in shortage areas range from an estimated 8.8% (Central Pike) to 41.3% (Manchester). Five of these 15 HPSAs have no practicing NP.

However, we find that approximately 48 NPs are now practicing across all HPSAs. If they were to “count” as primary care providers, we estimate that 7 of 15 would no longer be considered HPSAs (Figure 2).

Trends from 2012-2020

From 2012 to 2020, the NP workforce more than doubled, from 5,411 to 11,269, with many non-metro counties experiencing rapid growth. For example, Franklin, Lebanon, Clearfield, and Lycoming all saw increases of 180% or greater in their NP workforce from 2012 to 2020. Figure 3 shows county-level growth rates.

POLICY IMPLICATIONS

This brief presents a current snapshot of the NP workforce in Pennsylvania, its growth in the past eight years, and an estimate of how expanding NP practice authority could address primary care needs in designated health professional shortage areas. The growth in the NP workforce is notable because of opposite trends reported for the primary care physician workforce. A recent [study](#) found that Pennsylvania had a net loss of 112 primary care physicians from 2015-2017, and that the NP workforce would soon outnumber PCPs if current trends continued.

Pending legislation in Pennsylvania — H.B. 100 and S.B. 25 — would remove physician oversight requirements for NPs in designated primary care HPSAs in a six-year pilot program. Our analysis shows that this would affect fewer than 50 NPs now practicing in these areas, which have a combined population of more than 200,000 people. Whether the legislation would encourage more NPs to practice in HPSAs is an open question. Further, the legislation does not address practice restrictions for the vast majority of NPs now practicing in other areas of the state, often in rural and high-poverty areas. This brief can help legislators understand how the NP workforce is distributed throughout the state, as they consider how to best meet the primary care needs of all Pennsylvanians.

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Figure 1. Nurse practitioners in Pennsylvania per 100,000 population by county

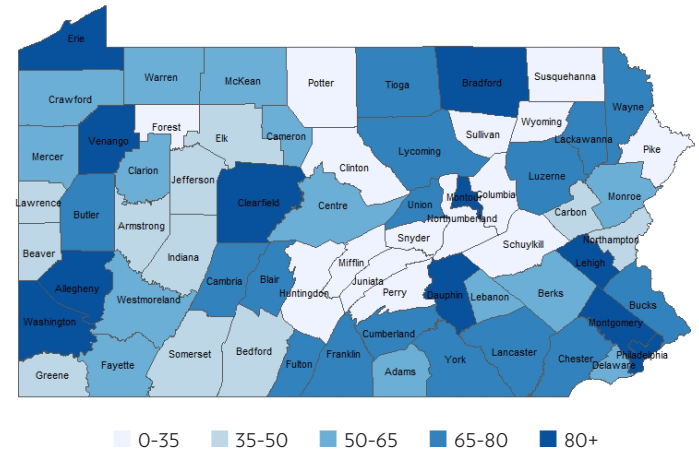


Figure 2. Pennsylvania primary care HPSAs and present NP workforce

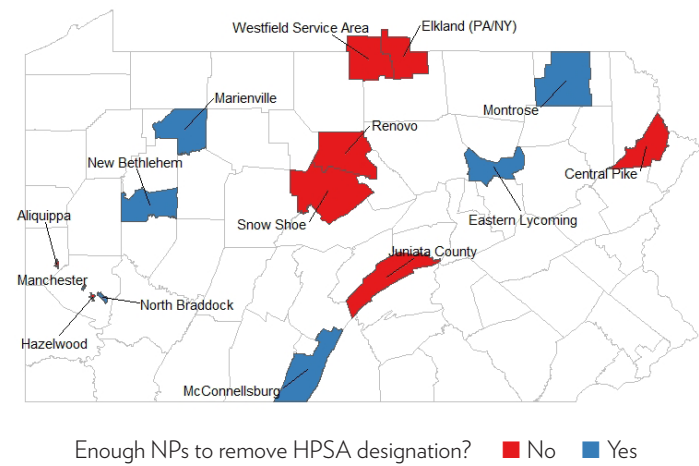


Figure 3. Percentage increase in nurse practitioners by county, 2012-2020

